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27431 7590 03/08/2006

SHIMOKAJI & ASSOCIATES, P.C.
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 IRVINE, CA 92618

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/630,594	07/28/2003	Rudolf Braun	091-0187	1654

TITLE OF INVENTION: COMPOSITE FUSELAGE MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/08/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
HONG, JOHN C	3726	029-559000

- | | | |
|---|--|---|
| <p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p> | <p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p> | <p>1 SHIMOKAJI & ASSOCIATES, P.C.</p> <p>2</p> <p>3</p> |
|---|--|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THE BOEING COMPANY

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

CHICAGO, ILLINOIS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

- | | |
|---|--|
| <p>4a. The following fee(s) are enclosed:</p> <p><input checked="" type="checkbox"/> Issue Fee</p> <p><input type="checkbox"/> Publication Fee (No small entity discount permitted)</p> <p><input type="checkbox"/> Advance Order - # of Copies _____</p> | <p>4b. Payment of Fee(s): <input checked="" type="checkbox"/> Electronic Funds Transfer</p> <p><input type="checkbox"/> A check in the amount of the fee(s) is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0851 (enclose an extra copy of this form).</p> |
|---|--|

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Michael A. Shimokaji/

Date June 6, 2006

Typed or printed name MICHAEL A. SHIMOKAJI

Registration No. 32,303

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